Address: Company:

ITEM #

Required Client Information:

Report To: Tom Moe

Required Project Information:

CHAIN-OF-CUSTODY / An

The Chain-of-Custody is a LEGAL DOCUL

Section C Invoice Information:

Company Name: Attention:

WO#:1284868 MM: MC

Due Date: 04/12/17

CLIENT: USS CORP

Requested Due Date: Mt. Iron, MN 55768 Email: WS-003 Thickner Overflow WS-002 Scrubber Make-Up USS Corporation P.O. Box 417 One Character per box.
(A-Z, 0-9 /, -)
Sample Ids must be unique **SAMPLE ID** ADDITIONAL COMMENTS Fax MATRIX
Drinking Water
Vvater
Vvater
Vvater
Vvater
Vvater
Vvater
Vvater
Product
Soil/Solid
Oil
Vvipe
Air
Other
Tissue Project #: Project Name: Copy To: Purchase Order #: TO AR WE OF SEL MALL RELINQUISHED BY / AFFILIATION J'and nation ≦ ₹ MATRIX CODE (see valid codes to left) SAMPLE TYPE NPDES-LINE 3 Wkly (G=GRAB C=COMP) 3-297708;4d3-297708;40 -3517 08:50 3-M-708:50 DATE START SAMPLER NAME AND SIGNATURE TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: DATE EWB 3-2-877 TIME DATE SAMPLE TEMP AT COLLECTION # OF CONTAINERS Pace Profile #: Pace Project Manager: Pace Quote: Address: 3:30 TIME Unpreserved "au mattila Contravite H2SO4 ниоз Preservatives HCI NaOH ACCEPTED BY / AFFILIATION heather.zika@pacelabs.com, Na2S2O3 Methanol Y/N **Analyses Test** LAB FILTERED: SO4 DATE Signed: Lab FILTERED: Ca,Mg,Har 3-29-17 1766-2 13:30 TIME 0يخ Regulatory Agency TEMP in C State I Location Residual Chlorine (Y/N) LF,LF Received on רד,רד SAMPLE CONDITIONS (Y/N) Custody Sealed Cooler 5 202 B (Y/N) Samples Intact

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12 11

(Y/N)



Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10

Document Revised: 15Mar2016

Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office Sample Condition Client Name: Pro WO#:1284868 Upon Receipt PM: MMW Due Date: 04/12/17 USPS Clien CLIENT: USS CORP Commercial Pace Other:_ Tracking Number: Optional: Proj. Due Date: No Proj. Name: Custody Seal on Cooler/Box Present? Yes Seals Intact? Yes No Packing Material: Bubble Wrap Bubble Bags None Other: Temp Blank? Yes No Thermometer Used: 140792808 Type of Ice: Wet Blue None Samples on ice, cooling process has begun Cooler Temp Read °C: 2:7 Cooler Temp Corrected °C: 3:0 Biological Tissue Frozen?

Temp should be above freezing to 6°C Correction Factor: +0:13 Date and Initials of Person Examining Contents: Biological Tissue Frozen? Yes No NA Chain of Custody Present? Yes No □N/A 1. Chain of Custody Filled Out? Yes No N/A 2. Chain of Custody Relinquished? Yes No □N/A Sampler Name and Signature on COC? Yes No N/A Samples Arrived within Hold Time? Yes No □N/A Short Hold Time Analysis (<72 hr)? Yes No N/A Rush Turn Around Time Requested? Yes No N/A Sufficient Volume? Yes No □N/A Correct Containers Used? Yes No N/A -Pace Containers Used? Yes No □N/A Containers Intact? Yes No N/A Filtered Volume Received for Dissolved Tests? Yes No □N/A 11. Note if sediment is visible in the dissolved containers. Sample Labels Match COC? Yes No N/A -Includes Date/Time/ID/Analysis Matrix: See pH log for results and additional preservation All containers needing acid/base preservation will be Yes No N/A checked and documented in the pH logbook. documentation Yes Headspace in Methyl Mercury Container No N/A 13. Headspace in VOA Vials (>6mm)? Yes No ☑N/A 14. Trip Blank Present? Yes ☑N/A No 15. Trip Blank Custody Seals Present? Yes N/A No Pace Trip Blank Lot # (if purchased): CLIENT NOTIFICATION/RESOLUTION Field Data Required? Yes No Person Contacted: Date/Time: Comments/Resolution:

FECAL WAIVER ON FILE

TEMPERATURE WAIVER ON FILE

Project Manager Review:

Date: 3/29/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)